

1652

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type) Cindy Hoang Signature Cindy Hoang Date 11-05-2001

TRANSMITTAL

☒ Small Entity

☐ Large Entity

Application Number 09/593,828
 Confirmation Number To Be Assigned
 Filing Date June 13, 2000
 First Named Inventor ROSEN
 Examiner M. Monshipouri
 Group Art 1652
 Attorney Docket No. UCAL138

ENCLOSED:

☐ Amendment Under Rule

☐ 37 CFR §

☐ Pages

Claims

Total

Independent

Multiple

Total Extra Claim Fees

No. of claims as
filed or after
amendment

Most claims
previously paid
for

Extra Claims

Rate

Totals

\$ -

\$ -

\$ -

☐ Applicants Petition for an Extension of time from _____ to _____ A month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

☐ Executed Declaration

☐ Other

Pages

Fee

Surcharge Fee

Fee

Fee

Fee

Fee

Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449

Pages

☐ Copies of Cited References

☐ Other

Fee

Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

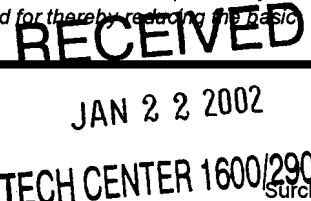
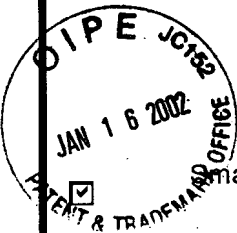
☐ Paper Copy of Sequence Listing

☐ Diskette in computer-readable format

☐ Other

Pages

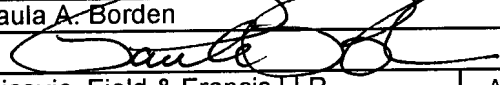
Fee



<input type="checkbox"/> Terminal Disclaimer	Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group	
<input type="checkbox"/> Notice of Appeal	Pages _____ Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____ Fee _____
<input type="checkbox"/> Reply Brief	Pages _____ Fee \$ -
	Subtotal \$ -
<input checked="" type="checkbox"/> Other Enclosures and/or Fees	Response to Restriction Requirement and Species Election (3 pgs.) Fee _____
<input type="checkbox"/> Change of Correspondence Address	
<input checked="" type="checkbox"/> Return Receipt Postcard	TOTAL FEES \$ -

The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

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Signature			Date 11-05-2001
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